U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

	SECTION A - PROPER	RTY INFO	RMATION		FOR INS	URANCE COMPANY US
A1 Building Oungels Name			Policy Nu	······		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.837 N.BEACH BLVD			Company	NAIC Number:		
City WAVELAND			State Mississippi		ZIP Code 39576	
A3. Property Description TAX PARCEL # (161A-2-	(Lot and Block Numbers, 01-007.000)	Tax Parce	el Number, Legal D	escription, etc.)		
A4. Building Use (e.g., R	esidential, Non-Residentia	al, Addition	n, Accessory, etc.)	RESIDENTIAL	***************************************	
A5. Latitude/Longitude:	_at. N 30-17-40	Long. V	V 89-20-43	_ Horizontal Datum	n: 🔲 NAD	1927 X NAD 1983
A6. Attach at least 2 phot	ographs of the building if	the Certific	cate is being used	to obtain flood insura	ance.	
A7. Building Diagram Nur	ber <u>5</u>					
A8. For a building with a c	rawlspace or enclosure(s	s):				
a) Square footage of	crawlspace or enclosure((s)	0 sq ft			
b) Number of perman	ent flood openings in the	crawlspac	e or enclosure(s) v	vithin 1.0 foot above	adjacent g	rade 0
c) Total net area of flo		_	q in		, ,	***************************************
d) Engineered flood o	oenings? ☐ Yes ☐	No				
A9. For a building with an						
		0				
	ittached garage		sq ft			
b) Number of perman	ent flood openings in the	attached g	arage within 1.0 fo	ot above adjacent g	rade	0
c) Total net area of flo	od openings in A9.b	0	sq in			
d) Engineered flood o	enings? Yes	No				
	SECTION B - FLOOD	INSURA	NCE RATE MAP	(FIRM) INFORMAT	ION	
B1. NFIP Community Name WAVELAND 285262	& Community Number		B2. County Name HANCOCK			B3. State Mississippi
34. Map/Panel B5. Su Number B5. Su	ffix B6. FIRM Index Date	Eff	RM Panel ective/ vised Date	B8. Flood Zone(s)	(Zoi	I se Flood Elevation(s) ne AO, use Base od Depth)
8045C0361 D	10/16/2009	10/16/	2009	AE		20
B10. Indicate the source of	the Base Flood Elevation M Community Deter			pth entered in Item I	39:	
		89· □ NG	VD 1929 ⊠ NA'	VD 1988 🔲 Othe	r/Source:	
311. Indicate elevation datu	m used for BFE in Item E	, o,				
311. Indicate elevation datu			tem (CBRS) area	or Otherwise Protect	ed Area (C	PA)? ☐ Yes ☑ No

ELEVATION CERTIFICATE

OMB No. 1660-0008

IMPORTANT: I. II			Expiration Date: November 30, 2	2018
IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY	USF		
Building Street Address (including Apt., Unit, S 837 N.BEACH BLVD	uite, and/or Bldg. No.) or P.O. R	oute and Box No.	Policy Number:	000
City WAVELAND		P Code 9576	Company NAIC Number	
SECTION C - BUI	LDING ELEVATION INFORMA	ATION (SURVEY RE	FOURED)	
	Construction Drawings*	uilding Under Constru ding is complete. BFE), AR, AR/A, AR/ I in Item A7. In Puerto n: NAVD 1988	uction*	
☐ NGVD 1929 ⊠ NAVD 1988	Other/Source	ow.		
Datum used for building elevations must be	e the same as that used for the	BFF		_
a) Top of bottom floor (including basement)b) Top of the next higher floorc) Bottom of the lowest horizontal structuredd) Attached garage (top of slab)	nt, crawlspace, or enclosure floo			J.
 e) Lowest elevation of machinery or equip (Describe type of equipment and location 	oment servicing the building	N/A	X feet meters	
 f) Lowest adjacent (finished) grade next to g) Highest adjacent (finished) grade next to h) Lowest adjacent grade at lowest elevation structural support 	o building (LAG) to building (HAG)	16. 0 17. 2 N/A.	⊠ feet ☐ meters ⊠ feet ☐ meters ⊠ feet ☐ meters	
	VEYOR, ENGINEER, OR ARC	NUTTOT OFFICE		_
This certification is to be signed and sealed by a I certify that the information on this Certificate restatement may be punishable by fine or imprison. Were latitude and longitude in Section A provide	a land surveyor, engineer, or arc presents my best efforts to inter nment under 18 U.S. Code, Sec	hitect authorized by la pret the data availabl ion 1001.		
Certifier's Name	License Number			-
DUKE LEVY Title SURVEYOR Company Name DUKE LEVY & ASSOCIATES Address 4412 LEISURE TIME DRIVE	01722		OUKE LEVALENGINEER OF THE PROPERTY OF THE PROP	
City	Chala	710.0	OF MISSISSI	
DIAMONDHEAD	State Mississippi	ZIP Code 39526		
Signature Same	08/28/2018	Telephone (228) 467-5212		1
opy all pages of this Elevation Certificate and all a		cial, (2) insurance age	nt/company, and (3) building owne	r.
comments (including type of equipment and locat VO # 18-16-0263 ENCHMARK - A NAIL IN A POWER POLE WITI	2 9 mm	R OF THE PROPER	TY AT EL = 12.11' FEET.	
				1

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official. (2) insurance agent/company, and (3) building owner

	SEC	CTION A - PROPERT	Y INFO			month (E) mota arroc a		Any, and (5) building owne
A1. Building Owner's Name					Policy Nu	URANCE COMPANY USE		
RICHARD AKIN					. 55) 110			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 837 N.BEACH BLVD					Company	NAIC Number:		
City WAVELAND				State Mississir	pji		ZIP Code 39576	
A3. Property Des TAX PARCEL# (and Block Numbers, Ta 7.000)	ax Paro			Description, etc.)		
A4. Building Use	(e.g., Reside	ntial, Non-Residential,	Additio	on, Accessory, e	etc.)	RESIDENTIAL		
A5. Latitude/Long	itude: Lat. <u></u>	30-17-40	Long.	W 89-20-43		Horizontal Datum	: NAD	1927 X NAD 1983
A6. Attach at leas	t 2 photograp	hs of the building if the	e Certit	ficate is being u	sed	to obtain flood insura	ınce.	
A7. Building Diag	am Number	5						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foo	otage of craw	space or enclosure(s)	•	0 s	q ft			
b) Number of	permanent fl	ood openings in the cr	awlspa	ice or enclosure	e(s) v	vithin 1.0 foot above	adjacent g	rade 0
		penings in A8,b		sq in				***************************************
d) Engineered	l flood openir	gs? 🗌 Yes 🔲 N	o					
A9. For a building	with an attacl	ned garage:						
a) Square foo	tage of attach	ned garage0	~	sq ft				
b) Number of	permanent flo	ood openings in the att	ached	garage within 1	.0 fo	ot above adjacent gr	ade	0
c) Total net ar	ea of flood op	enings in A9.b	0	sq in				
d) Engineered	flood openin	gs? 🗌 Yes 🔲 N	o					

		CTION B - FLOOD IN	ISUR/	T			ION	T
B1. NFIP Communi WAVELAND 28526		ommunity Number		B2, County N HANCOCK	ame			B3. State Mississippi
B4. Map/Panel Number	B5, Suffix	B6, FIRM Index Date	E	IRM Panel ffective/ evised Date		B8. Flood Zone(s)	(Zor	se Flood Elevation(s) ne AO, use Base nd Depth)
28045C0361	D	10/16/2009		6/2009		AE	1.00	20
		ase Flood Elevation (l						
B11. Indicate eleva	tion datum us	ed for BFE in Item B9:	:	GVD 1929 🗵	NA'	VD 1988 📋 Othe	r/Source: _	
B12. Is the building	located in a	Coastal Barrier Resour	ces Sy	rstem (CBRS) a	rea (or Otherwise Protect	ed Area (O	PA)? Yes X No
Designation D				□ OPA			ŕ	
	***************************************			-				1

ELEVATION CERTIFICATE

FELAX F. ... 000 0 00 /2/4/5\

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corres	ponding information from	Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite 837 N.BEACH BLVD	e, and/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:
City WAVELAND		ZIP Code 39576	Company NAIC Number
SECTION C – BUILD	ING ELEVATION INFOR	MATION (SURVEY R	EQUIRED)
C1. Building elevations are based on: Co *A new Elevation Certificate will be required C2. Elevations – Zones A1–A30, AE, AH, A (with Complete Items C2.a–h below according to Benchmark Utilized: USM NETWORK Indicate elevation datum used for the elevation	when construction of the b h BFE), VE, V1–V30, V (wi the building diagram specif Vertical Dat	th BFE), AR, AR/A, AR/ fied in Item A7. In Puerto tum: NAVD 1988	VAE ARVAL ASO ARVALL ARVAC
☐ NGVD 1929 ⊠ NAVD 1988 ☐		below.	
Datum used for building elevations must be t		he REE	
 a) Top of bottom floor (including basement, b) Top of the next higher floor c) Bottom of the lowest horizontal structural d) Attached garage (top of slab) e) Lowest elevation of machinery or equipme (Describe type of equipment and location f) Lowest adjacent (finished) grade next to be g) Highest adjacent (finished) grade next to be h) Lowest adjacent grade at lowest elevation structural support 	crawlspace, or enclosure fl member (V Zones only) ent servicing the building in Comments) puilding (LAG) building (HAG)	N/A. N/A. N/A. N/A. N/A. 16. 0 17. 2	X feet
SECTION D - SURVE	EYOR, ENGINEER, OR A	RCHITECT CERTIFIC	CATION
This certification is to be signed and sealed by a late of the information on this Certificate represtatement may be punishable by fine or imprisonment. Were latitude and longitude in Section A provided	and surveyor, engineer, or a resents my best efforts to in nent under 18 U.S. Code, S	architect authorized by I nterpret the data availab Section 1001.	aw to codify alougtion information
Certifier's Name DUKE LEVY	License Number 01722		DUKE LEI
Title SURVEYOR Company Name DUKE LEVY & ASSOCIATES Address 4412 LEISURE TIME DRIVE City	State	ZIP Code	Seals Here Survey of MISSISS
DIAMONDHEAD	Mississippi	39526	
Signature Copy all pages of this Elevation Certificate and all atta	Date 10/15/2018	Telephone (228) 467-5212	
Comments (including type of equipment and location WO # 18-16-0263 BENCHMARK - A NAIL IN A POWER POLE WITH	n, per C2(e), if applicable)		

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

	OR INSURANCE COMPANY USE				
A1. Building Owner's Nam	F	Policy Number:			
Akin	2019-0				
A2. Building Street Address Box No.	s (Including Apt., Unit, Suit	e, and/or Bldg. No.) or P.C). Route and	Company NAIC Number:	
837 N.Beach Blvd					
City		State		IP Code	
Bay St. Louis	ot and Black Numbers Ta	Mississippi		9520	
A3. Property Description (L Parcel 161A-2-01-007.000	ot and block Numbers, Ta	ix Parcei Number, Legai D	escription, etc.)		
A4. Building Use (e.g., Res	idential, Non-Residential,	Addition, Accessory, etc.)	Residential		
A5. Latitude/Longitude: La	at. 30-17-37	Long. 89-20-42	Horizontal Datum:	☐ NAD 1927 🗵 NAD 1983	
A6. Attach at least 2 photog	graphs of the building if the	Certificate is being used	to obtain flood insuran	ce.	
A7. Building Diagram Numb	per 6				
A8. For a building with a cra	awlspace or enclosure(s):				
a) Square footage of c	rawlspace or enclosure(s)	293 sq ft			
b) Number of permane	nt flood openings in the cra	awlspace or enclosure(s) v	vithin 1.0 foot above a	djacent grade 1	
	od openings in A8.b 47				
	enings? Yes N				
					
A9. For a building with an a					
	tached garage0	-			
b) Number of permane	nt flood openings in the att	ached garage within 1.0 fo	oot above adjacent gra	de	
c) Total net area of floo	d openings in A9.b	0 sq in			
d) Engineered flood op	enings? 🗌 Yes 🗵 N	lo			
	SECTION B - FLOOD II	NSURANCE RATE MAP	(FIRM) INFORMATI	ON	
B1. NFIP Community Name CITY OF BAY ST. LOUIS 28		B2. County Name	9	B3. State	
CITT OF BAT ST. LOUIS 20	19291	HANCOCK		Mississippi	
B4. Map/Panel B5. Suf	fix B6. FIRM Index Date	B7. FIRM Panel Effective/	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base	
1		Revised Date	A.F.	Flood Depth)	
28045C0361 D	10/16/2009	10/16/2009	AE	20	
B10. Indicate the source of t	the Base Flood Flevation (REE) data or base flood d	enth entered in Item R	Q·	
	M Community Determ	•	opin chicica in item b	3 .	
	_				
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:					
B12. Is the building located	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes 🔯 No				
Designation Date: CBRS COPA					
<u>*</u>					

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P. 837 N.Beach Blvd	Policy Number:				
City State Bay St. Louis Mississippi	ZIP Code 39520	Company NAIC Number			
SECTION C – BUILDING ELEVATION INFO	RMATION (SURVEY R	EQUIRED)			
C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of the C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V Complete Items C2.a–h below according to the building diagram speed benchmark Utilized: GPS Derived Vertical I Indicate elevation datum used for the elevations in items a) through I NGVD 1929 NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for a) Top of bottom floor (including basement, crawlspace, or enclosure) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) g) Highest adjacent (finished) grade next to building (HAG)	Building Under Construe building is complete. With BFE), AR, AR/A, AR/A, AR/A, In Puert Datum: NAVD88 The BFE. The floor) The BFE. The floor) The BFE. The floor) The BFE. The floor of the BFE. The	Check the measurement used. Feet meters Feet meters Feet meters Feet meters Feet meters			
 h) Lowest adjacent grade at lowest elevation of deck or stairs, include structural support 	ling13. 3	X feet meters			
SECTION D – SURVEYOR, ENGINEER, O	R ARCHITECT CERTIFI	CATION			
This certification is to be signed and sealed by a land surveyor, engineer, I certify that the information on this Certificate represents my best efforts to statement may be punishable by fine or imprisonment under 18 U.S. Code Were latitude and longitude in Section A provided by a licensed land surveyor.	o interpret the data availa e, Section 1001. 	law to certify elevation information. ble. I understand that any false Check here if attachments.			
Certifier's Name License Number	er	111111111111111111111111111111111111111			
Jason P Chiniche P.E. 19732 Title Project Manager Company Name James J Chiniche PA INC Address 412 HWY 90 Suite 4 City Bay St. Louis State Mississippi	ZIP Code 39520	SON P. CHILLOHE SEAL PROCESSIONAL HOSSISSING			
Signature Date 05/22/2019	Telephone (228) 467-6755				
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable) NOTE: The description in A3 above is for information only & not to certify the building location. The base flood elevation (BFE) is per Map Section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by graphic plotting, owner is responsible for coordinating this certificate with contractor and/or building official as needed. TBM Is a mag nail w/thru marker SE corner of house in edge of asphalt. EL: 8.3 FEMA ZONE VE 21 crosses front of property. Section C2.e) Equipment is an A/C on elevated platform.					

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 837 N.Beach Blvd	Policy Number:		
City Bay St. Louis	State Mississippi	ZIP Code 39520	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front View 05/22/2019



Photo Two

Photo Two Caption Rear View 05/22/2019

BUILDING PHOTOGRAPHS

OMB No. 1660-0008 Expiration Date: November 30, 2018 Continuation Page

			Expiration bate. Note inber 60, 2016
IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., U 837 N.Beach Blvd	Policy Number:		
City Bay St. Louis	State Mississippi	ZIP Code 39520	Company NAIC Number
Bay St. Louis	Mississippi	39520	Company Wile Hamber

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One Caption tbm el: 8.3

ELEVATION CERTIFICATE

Photo Two

Photo Two

Photo Two Caption

WAVELAND

NONCONVERSION AGREEMENT

with

CITY OF WAVELAND, MISSISSIPPI

00-05-2019 10:18:04 RN	
This DECLARATION made this 5th day of June 20 19, and recorded in Deed Book	
by 'Dridor't Akin ("Owner") having an address 2019 at pages 6260 - 6790	
837 W. Beach Blud. Timothy A Kellar / 1	
WITNESSETH:	
WHEREAS, the Owner is the record owner of all that real property located at	.6.
in the City of Waveland, Ms. in the County of Hancock, in the County of Hancock,	The Tile
designated in the Tax Records as 1614 - Z - 01 - 007.000	14 ES
WHEREAS, the Owner has applied for a permit to place a structure on that properly that has an	
enclosed area below the base flood elevation constructed in accordance with the requirements of	1
Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ordinance of Number 1	
325 and under Permit Number\800389	15 25
The state of the s	2-12
WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the	1,00
following covenants, conditions and restrictions are placed on the affected property as a condition of	. •
granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner,	
his heirs, personal representatives, successors, future owners, and assigns.	

2019

6790

I certify this instrument was filed on

Recorded in the Above Deed Book & Page

Tigothy A Kellar

Hancock County
Hancock County

06-05-2019 10:18:04 AM

UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:

- 1. The structure or part thereof to which these conditions apply is:
- 2. At this site, the Base Flood Elevation is 20+1 feet above mean sea level, National Geodetic Vertical Datum.
- 3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, cellings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
- 4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
- 5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.

inspecting the exterior and inspections will be con	interior of the enclosed area to nducted upon due notice to the	I to enter the property for the purverify compliance with this Decl Owner and no more frequently an annual inspection discover's	aration. than once
State of Mis County of F OwnePersonally ap authority in ar this 5 day o	peared before me, the undersign of for the said county and state and the within named 20 7 we have that	vviiness ned vviiness nonTimoity A. Kellar inth Chancery Herk	eal) CERY COMMISSION Expires Dec. 31, 2019

*** Certified Copy Page ***

I, Timothy A Kellar, Chancery Clerk, do hereby certify that the foregoing is a FULL, TRUE and CORRECT copy of the Instruments(s) herewith set out as same appears of record in: Deed BOOK - 2019, AT PAGE - 6790 in said court.

Witness my hand and seal this 5 Day of June, 2019.

Timothy A Kellar,

Chancery Clerk

Hancock County, MS

Printed: 06-05-2019 10:18:41 AM Optical file reference: D1A86.7E3